

Harpswell Recreation presents

**Registration Deadline: Sept. 9**

Distribution Dates: August 15



6-week program beginning **September 12:** every Saturday from **9:00 – 10:00 a.m.** at the Trufant-Summerton Ballfield, Great Island.



The purpose of this program is to have fun, play & socialize.



Parent or Adult **must** accompany your child.

**Registration Deadline\* - September 9, 2009**

**\*No on-site registration**

Return the completed form with the \$5.00 family fee to:

Town of Harpswell, Recreation Dept.

P.O. Box 39

Harpswell, ME 04079

Make checks payable to: Town of Harpswell

**Late fee/Non-resident fee: \$5**

**Coordinator & Coaches needed.**

**Please call Gina Perow.**

*More information?*

Call **Gina Perow** at 833-5771 or

harpswellrec2@suscom-maine.net

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**Harpswell Fall Family Fun Days Registration - 2009**

For office use only:

\_\_\_\_\_ #R4120  
\_\_\_\_\_

Child's Name \_\_\_\_\_

Age on 9/8/2009 \_\_\_\_\_

Street Add. \_\_\_\_\_

Phone \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ E-mail\* \_\_\_\_\_

Parent or Adult accompanying child (please print) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone# \_\_\_\_\_

*\*E-mail is important to communicate necessary information \* \* Photos & videos taken may be used in local publicity \* \**

☐ I would like to help

**RELEASE FROM LIABILITY**

In consideration of the permission granted to my child by the Town of Harpswell to participate in the Fall Family Fun Days during the Fall 2009, I hereby release and discharge the Town of Harpswell, its agents, officers from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above-mentioned activities. I realize I must provide my own health/accident insurance for injuries that my child may sustain while participating in the above-mentioned activities. I give the supervisor permission ( in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (parent/guardian)

**Return Completed Form to the Town Office** (There is an after-hour drop to the right of the glass entrance)

Flyer by **DESIGN**

**Late fee/Non-resident fee: \$5**